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should be detached for use as the with the State Dept. of Health and

TO FUNERAL DIRECTOR:

certificote hos

If Hem 21 is morked or Hem 18 shows ony

MPORTANT.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

236. DATE

23a BURIAL, CREMATION, REMOVAL

8	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	2 4	1 9	2 0	
	1. DECEASED NAME FIRST (TYPE OR PRINT) ARS	ON FR	EPERI	CK 5. DATE O	ADAMS	20. DATE OF DEATH	MONTH DA	J4 UNDER LYEAR	3054M	
	Male	White		10		6	MO	NIHS DAYS	HOURS MIN	
13	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Newfoundland	76 CITIZEN OF WH		MARRIE WIDOWE	DIONEVER MARRIED	BALTIMORECITY OR COUNTY OF DEATH Frederick County, MD.				
4	10. CITY OR TOWN OF DEATH Frederick		ACILITY, GIVE STREET A		or other institution al Hospital	17a USUAL OCCUPAT ITYPE OF WORK FOR MOST Publishe	OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Church Bull		
5	USUAL RESIDENCE (# NURSING HOME OF 13th COL 13th COL Maryland Fre	JNTY I3	re residence before ic. CITY OR TOW! Frederi	V	13d Inside City Limits?	130.STREET ADDRESS 1209 Dat	/ ZIP CODE nielle	Driv	ve/21701	
1	14 FATHER'S NAME FRST John	MIDDLE T.	Adams		15. MOTHER'S MAIDEN NAME FIRST Louise			But	ST	
1		IVE WAR OR DATES)	6 SOCIAL SECUI 033 – 22 –		Naomi Adam	1209 I	Daniel rick,M	le Di D.	rive 21701	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	APPROX BETWEEN	ONSET AND DEATH							
	Conditions, if ony, which gove rise to immediate	DUE TO, OR A	S A CONSEQUE	NCE OF	congestive	s best	Perly 100	71	YEAR	
	couse (a), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUE	NCE OF						

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO S NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on 9170 19 sow the deceased alive on above, (I) (well (did) (did no and that in (my (our) opinian death occurred on the date and hour and from the causes stated (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL

22e ADDRESS

23d. LOCATION

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B3 (VRA 15, 4)

(SPECIFY) Olivet CemeteryFrederick, BP. Burial 24 FUNERAL DIRECTOR 1621 Opossumtown Pike Stauffer, Frederick, MD. 21701 NAME G.Douglas



106 East Church St. Frederick, Md. 21701 AC

(VRA 15, 4)

STATE OF MARYLAND

15145 -0 Per Combat 26, 1972 H.DO tie . Le oung moneyers TOYES . Do waster with I show you contrader branches o since .0 Telepo-W. T. 22 CO-02-7527 Prontice . Allinon, Francisco, L. .. The contract of and a second 17 315 118 TO STATE OF THE PARTY OF THE STATE OF THE ST el l'aditaty, 1974 l'encouven lierarial Camion Prodonica, Prodonical, 20. AND SECTION OF THE SE

20M 4/B2

STATE OF MARYLAND

L DECEASED NAME

MALE

e. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Maryland

3. SEX

AUL

4 RACE

WHITE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN - STATE CERTIFICATE OF DEA REGISTRAR LAST

MIDDLE EDWARD

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

NT OF HEALTH AND MENTAL BY	GIENE 2 4 9 2 3 REG. NO.
LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
BEALL	Sept. 4, 1984 410 A
S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Aug 7 1906	78 YRS. MONTHS DAYS HOURS MIN.
MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick County, MD.
HOME OR OTHER INSTITUTION DRESS! ial Hospital	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Carpenter 126 LIND OF BUSINESS OR INDUSTRY Building
DMISSION)	
13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	207 Park Ave. 21771
15. MOTHER'S MAIDEN N	May Price
TY NO. 17 INFORMANT	ADDRESS
24 Leola Bea	
later Jung	Covce . APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
CE OF	
CE OF	
ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART Ital
PERATION WAS PERFORMED	78s. AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO N
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A TIE.) ZII. LOCATION	CITY OR TOWN COUNTY STATE
and that in they lour opinion	to
DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
220 ADDRESS 4 Culwell 1	Dr., Mt. Airy, Md. 21771
ME OF CEMETERY OR CREMATORY	

14		TY OR TOWN OF DEA	/ i	reder	ick Memo	rial H	OTHER INSTITUTION	12a USU	AL OCCUPATION PORK FOR MOST OF		126 KIND OF BUSINESS INDUSTRY Building
1000	Ma. S	aryland	Carro	- 11	Mt. Airy	'N	3d. INSIDE CITY LIMITS? YES 🗶 NO 🗌	207	TADDRESS /		21771
160		Melvin	MIDDLE	•	Beall		S. MOTHER'S MAIDEN I	NAME	May		Price LAST
Pages		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED	ORDATES	66 SOCIAL SECU 213-01-5		Leola Be	eall,	ADDRES	Item 1	3
please remove carbon pay unal, cremation, ar remova , or other travmatic event, i		Canditians, if any, gave rise ta imm cause (a), statin underlying cause	which hediate g the last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF	or related to the te				APPROXIMATE INTERVA BETWEEN ONSET AND DE
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hould be detached in the Stote Dept		22d PHYSICIAN'S NA	ME (TYPE OR PRINI B E	in	len		ATTENDING PHYSICIAN 220. ADDRESS 4 Culwell		AL STAF		27c DATE SIGNED 9-4-8
318	23a 6	Burial, CREMATION,		ept.6,			METERY OR CREMATOR		OCATION CITY OR TOWN Mt. Air	v. Co	county sta
50M 4/83 15, 4)	24 FU	GMIN L.					25a F	ATE REC'D.		Sh. REGISTR	AR'S SIGNATURE

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law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physic

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

	STATE	0F	MA	RYL	AND	
,	DTMENT OF H	LAS	THE A	MD	MENTAL	HV

DEPARTMENT OF HEALTH AND MENTAL HYS LENE
CERTIFICATE OF DEATH

7								REG. N	O.		
		CEASED NAME OR PRINT)	Rosa		illen	ACXX.	linger	2a. DATE OF DEATH	9 10	84	26. HOUR
	3. SE)	Female	le		White	5. DATE C	DEBIRTH 14/09 YEAR	6. AGE (IN YEARS LAST BE	ZHDAY) IF	JNDER I YEAR	# UNDER 24 HI HOURS MI
6/6		RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	A 8	9 BALTIMORE CITY		DEATH	
A 2		st Virgi	nia	U.S.	A.	WIDOWE	_	Frede	erick		
14	-14	rederick			H FACILITY, GIVE STREET		ROTHER INSTITUTION 1 Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF housekee	OF WORKING LIFE)	126 KIND C INDUSTRY DWN 1	of BUSINESS (
36	USU / 13a. S	ALRESIDENCE (IF NURS TATE ryland	13b. COUNT		GIVE RESIDENCE BEFORE	/N	13d INSIDE CITY LIMITS? YES NO 🎇	130 STREET ADDRESS	zip code	Rd./2	21798
00	14 FA	THER'S NAME FIRST Andrew	Go	dfrey	Boling	ger	Olive	Estel]	la	Orno	orff
medicol		VAS DECEASED EVER (ES. NO OR UNKNOWN)		WAR OR DATES)	212-78-	IRITY NO.	Mrs. Evely	n Clark	Brun	swick	, MD
umatic eve		PART I. DEATH W	IMMEDIATE	CAUSE (0)	R AS A CONSEQUE	71	De son				
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ows any injury, ar other trai	IIFICATION	gove rise to imicause (a), statii underlying cause	mediate ng the e last.	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	TWO AUTOPSY? YES TO NOT	20b. IF YES, V	VERE FINDI	
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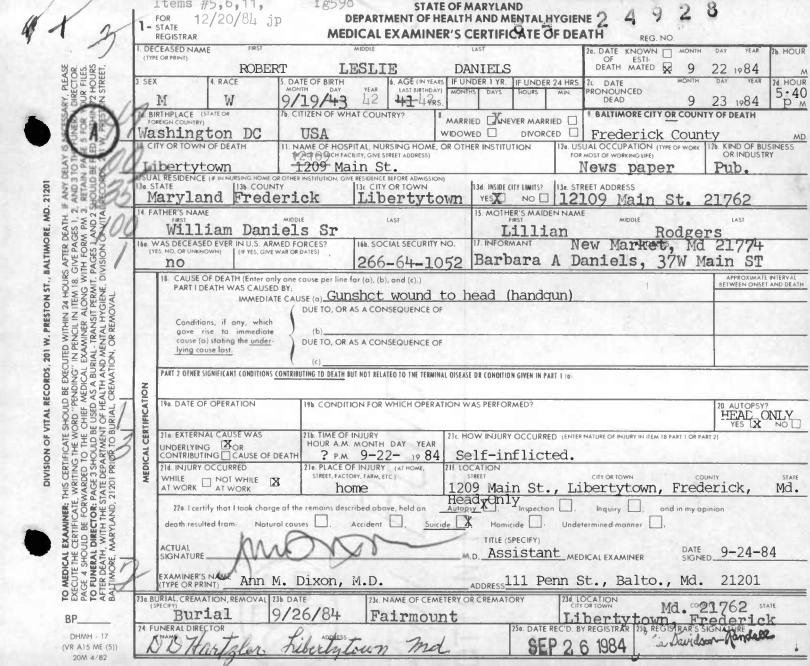
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X	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYA CERTIFICATE OF DEATH	REG. NO.	26	
	I DECEASED NAME FI	RST MIDDLE	LAST	20. DATE OF DEATH MONTH		2b. HOUR
ge 3		bel A.	Caldwell	SEPTEMB GR	22, 1584	1:10 PM
fter o	3. SEX Female	RACE Caucasian	January 26, 1906	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Par Ass	COUNTRY Land		MARRIED NEVER MARRIED	B BALTIMORE CITY OR CO	UNTY OF DEATH	
	10 CITY OR TOWN OF DEATH Frederick		WIDOWED DIVORCED DIVORCED TO TAGDRESS) HOME	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK State of Mary		F BUSINESS OR OF Unemploy
ould be f	13o. STATE 136	nome or other institution, give residence before COUNTY 134. CITY OR TON altimore Locheam	YES NO 3	136. STREET ADDRESS 3622 Oak Aven		men
ond 2 sh	FATHER'S NAME FIRST Andrea	P. Caldwei	15. MOTHER'S MAIDEN NA FIRST Nora	ME	Cummings	
icol S	160 WAS DECEASED EVER IN U	J.S. ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	3622 Oak 1	Avenue
Pag .	(YES NO OR UNKNOWN) (18	218-36-	-1090 Andrew Caldw	ell Baltimore,	Maryland	21207
en signed by the ottendir Then please remove carl in to buriel, cremotion, or injury, ar other traumati	& END STAGE J	DUE TO, OR AS A CONSEOU cost. (c) CANT CONDITIONS CONTRIBUTING TO CH120 PHREWIA-WITH	MA OF BREAST JENCE OF DEATH BUT NOT RELATED TO THE TERM DEMONTA / PAGGT DI	AINAL DISEASE OR CONDITIO		
has ber if permit iene prid	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES	
A Mental Hyg	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE 21d INJURY OCCURRED	SE OF DEATH HOUR A.M. MONTH	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2) COUNTY	STATE
ept of Health on	220.1 certify that (1) (thr	s hospital attended the deceased from	89, and that in (my) (tour) opinion DEGREE		nd have and from the	
should be defoce with the State D	230 BURIAL, CREMATION, REA	E (TYPE OR PRINT) ADDRES JR.M.) MOVAL 23b. DATE 23c.	8 10 TO 11 Hous	MEDICAL STAFF DIRECTOR PHYSICIAN (GAVE, FREDERA 1234 LOCATION CITY OF TOWN		1761
	BURLAL	Sept. 25, 1984 No	ew Cathedral Cemete	ry Baltimore	Mar	ryland
50M 4/82 15, 4)	8728 Liberty	ring Byers Funeral Road Randalls town,	Maryland 21133 OCT	25 1984	2 STETHERS SHOW WILL	UKE

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	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	30
		REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 120 DATE OF DEATH MONTH	
nay be page 3		1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH (TYPE OR PRINT) Mary Elizabeth Dodds 9	- 23 - 84 8:40 Am
ge 4 r ector, urs afte			MONTHS DAYS HOURS MIN.
death. Po	9	70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED TO PRODUCT TO COUNTRY) Kansas USA WIDOWED DIVORCED TO PRODUCT TO COUNTRY?	
- 70 (A)	Trederick Citizens Nucsing Home or other institution to some of work for most of work for work for most of w	126. KIND OF BUSINESS OR INDUSTRY
'LAND 212 hin 24 haur ly filled should b her must	36	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS 16.36 COLON	21701
with with d 2	1	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE M	Faren
IMORE e execut n and c Pages medical	1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1782109991 No 17. INFORMANT 1782109991 Derwood, No	l Creek Drive,
VST., BALT certificate b ng physicia banpapers. r remayal.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brancho Anumbrica	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON 9 he death ce he attending emove carbo matian, ar r		Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF	I week
W of the		gave rise to immediate couse (a), stating the underlying cause last. (c)	
20 es es ple une une v. o		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS SAME SAME SAME SAME SAME SAME SAME SAM	IN GIVEN IN PART 110
AL RECORDS, he law requir an. has been sig it permit. Then tene prior to b aws any injur.	9	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206.	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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det to to		OR CONTRIBUTION OF CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STREET CITY OR TOWN	COUNTY STATE
R ATTENDING hospital or oth RECTOR: After sed far use as il pp. of Health at the month of the mo		220.1 certify that (1) (this haspital) attended the deceased from 1984, 1984, ond that in (my) (our) apinion death occurred on the date or above. (1) (we) (did) (did not) view the bady after death.	nd hour and from the couses stated
the har har har har har har har har he Deph		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 4
TO HOSPITAL etained by the TO FUNERAL should be detained the State with the State MPORTANT:	1	Bernard O. Thomas Jr. 228 North Market St.	Fred. HD . 21701
operation of the state of the s	2	236. BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
BP		Cremation 9/24/'84 Lee's Crematory Washington,	
DHMH - 16 50M 4/B2 (VRA 15, 4)	[2	Gartner Sandison F.H. Gaithersburg Md. 20877	REGISTRAR'S SIGNATURE

Bridging To the Same Standard Market Standard The start and a second the at longing on the prize of marish the election Manager State of Though the control of the control of the little. The Light Jones as Jones Person, 14, 11655 CONTRACTOR TO SEE MINISTER OF THE PROPERTY SEE CONTRACTOR Trending of the State of the St Analogue of the control of the contr

ofter

DEPARTMENT OF HEALTH AND MENTAGHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

MIDDLE

Perry

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

LAST

Thurmont

White

U.S.A.

21b. TIME OF INJURY

21e. PLACE OF INJURY

iew'the body after death

Ower

23b. DATE

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STATE OF MARYLAND REG. NO LAST 20 DATE OF DEATH 2b HOUR 1984 Englar, Jr. Sept. 6. 12:17a IF UNDER 21 HRS 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR 1921 63 March **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Frederick County, DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Memorial Hospital Teacher Education SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 9 Clarke Avenue/21788 YESXX NO 15. MOTHER'S MAIDEN NAME MIDDLE Ringer Vivian Englar Sr. Mae ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 9 Clarke Avenue Mary E. Englar, Thurmont, Md. 21788 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH In function occurrio c 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NOF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

Froderick

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

YES |

COUNTY

22c DATE SIGNED

NO [

STATE

219-18-253 Yes WWII 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

211 LOCATION

22e ADDRESS

ATTENDING

ě 1thcote

00

1. DECEASED NAME

Male

Maryland

Maryland

FATHER'S NAME

TIO STATE

CERTIFICATION

To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

rederick

Carlos

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

saw the deceased a

SIGNATUR

230 BURIAL, CREMATION, REMOVAL

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

NOT WHILE

NAME

220.1 certify that (1) (this hospital) attended the deceased from.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Carlos

136 COUNTY

4. RACE

Frederick

MIDDLE

(IF YES, GIVE WAR OR DATES)

Perry

(TYPE OR PRINT)

3. SEX

ould be de thinke Stone PORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) Resthaven Mem.Gar. Frederick, Frederick, MD Burial 24 FUNERAL DIRECTOR 104 Easts Main Street G. Douglas Stauffer, Thurmont, Md. 21788

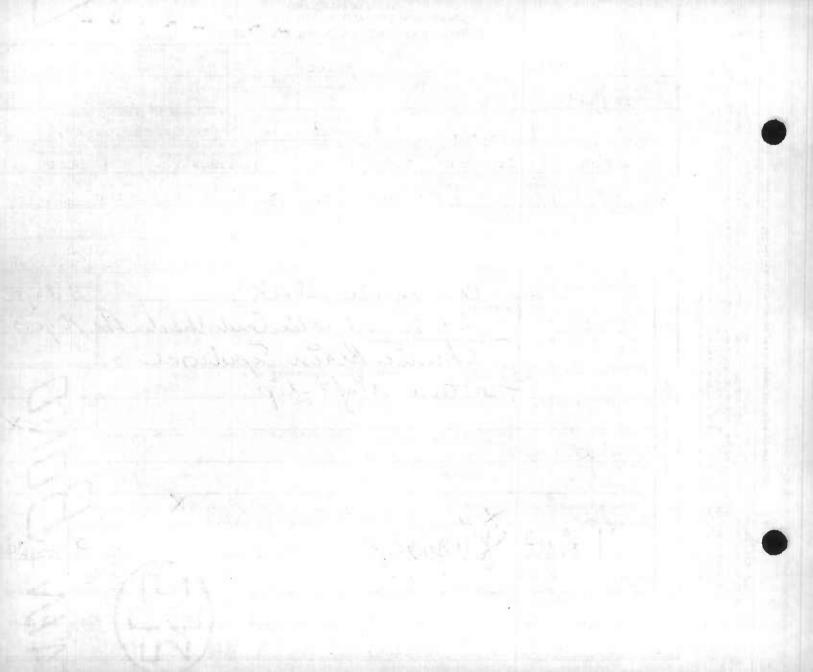
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TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAATER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21:		220. I certification of the control	Colo	Natural co	N	Accide	ent 🗆	, Sui	Autap	, Hom	Inspection incide	Under Y_MED 81	Inquir termined r	manner [], use		9/2	5/84
TO MEDI EXECUTE PAGE 4: TO FUNE AFTER DE BALTIMO	23a, Bl.	(TYPE OR PRI	NT)	VAL 236 D	ATE	2	3c. NAM	E OF CEA	ETERY O	ADDRESS.		23d. LC	eder:		715	COUNTY		STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82		Bur INERAL DIRECT NAME Doug1	TOR	40	20/8 Ful er,W	ten	Aver	nue	2179	eter 93 0.	250. DATE	REC'D. BY	1ker	AR 256 F	REGISTR.	Fre	NATURE	ck,MD



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Finneyfrock 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Reba Mae RKINDEVXRKOOR 84 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 4 RACE 2c DATE 62 RTHDAY Jul 18, PRONOUNCED Female White 84 14 19 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED Frederick County, 2, AND 3 TO THE FURST SHOULD BE FILED, AL RECORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Homemaker Home Frederick 6001 Pleasant Drive 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE Frederick 60001 Pleasant Drvive, 21701 Frederick Maryland ES SHOULD BE USED AS A BURNAL TRANSIT PRANSIT PROBES I AND 25 PROPER THE PROPER PRANSIT PRANSIT PRANSIT PRANSIT PRANSIT PRANSIT PRANSIT PROPER I AND 25 PROPER TO BURNAL, CREMATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mae Toms Bessie Charles Mercer 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Pleasant Drive I JE YES GIVE WAR OF DATES Melvin Finneyfrock, 214-16-1797 None Frederick. Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (handoun) DUFTO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HEAD ONLY 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MAN MONTH DAY YEAR UNDERLYING DOOR 13 19 84 Self inflicted CONTRIBUTING CAUSE OF DEATH ? P.M ?le PLACE OF INJURY 211 LOCATION TO MEDICAL EXAMITION: WRITIN EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) NOT WHILE 6001 Pleasant Drive, Frederick, Frederick, MD. AT WORK home 22a I certify that I taak charge of the remains described above, held on death resulted from: Accident Homicide ___ Notural causes ACTUAL M.D. Assistant 9/14/84 _ MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto, MD. 23c. NAME OF CEMETERY OR CREMATORY Cremation Smithsburg, Washington, Marylan Sept 16, 1984 Smithsburg Crematory BP. 250 SEPSEC D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Basford Funeral Home wherever don gandale **DHMH - 17** (VR A15 ME (5)) 106 East Church Street. Frederick. Md.

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STATE OF MARYLAND

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STATE OF MARYLAND

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0	F	rederi	ck	Citiz	ens Nur		Home	126 USUAL OCCU			F BUSINESS OR	
5	13a. S Me	ryland	13b COUN		13c CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO X		ESS / ZIP CODI		1701	
7	14. FA	Johna	than	MIDDLE	Main		15 MOTHER'S MAIDEN NA FIRST Margare	MID	DIE	Summe		
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7		21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	HOUR A.	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	FINJURY IN ITEM 18	PART 1 OR PART 2)		
	MEDICAL	WHILE NORK AT WORK	T WHILE T		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
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22e. ADDRESS

Parkview Medical Center, Fred. Md.

Dr. Timothy Hickey, M.D. 23a BURIAL, CREMATION, ME

23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Frederick Frederick Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR:

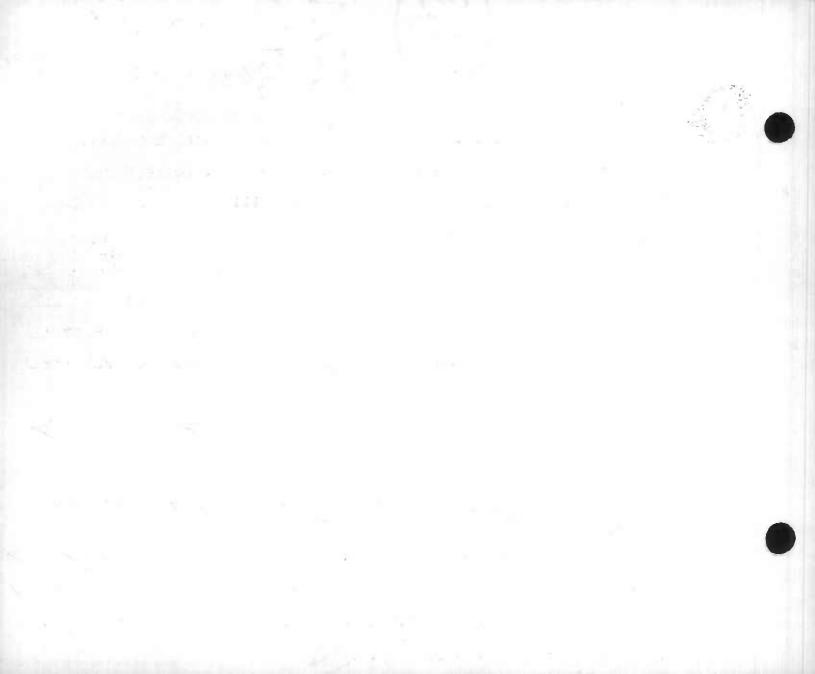
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-S FOR YOUR FILES. WITHIN 72 HOURS LOUIS EDWARD HURT DEATH MATED SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE JERAL DIR. HINOM YEAR LAST BIRTHDAY) PRONOUNCED 9/16/41 Male Caucasian 43 DEAD Th CITIZEN OF WHAT COUNTRY? TO RIPTHPLACE (STATE OR 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED THE MARRIED FOREIGN COUNTRYL USA Maruland FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
43 Moser Road FOR MOST OF WORKING LIFE)

Brick Foreman OR INDUSTRY Thurmont Masonru USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN Thurmont Maryland Frederick 43 Moser Road 21788 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE Marie Asa Hurt (Unknown) 17 INFORMANT ADDRESS 43 Moser Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 218-38-0972 Mrs. Virginia E. Hurt Thurmont, Md. 21788 Peacetime Yes MINER: THIS CERTIFICATION OF THE WORD TRIVERS OF THE STATE DEPARTMENT OF THE CHIEF MEDICAL EXAMPLED TO THE CHIEF MEDICAL EXAMPLED TO THE CHIEF MEDICAL TRANSIT PERMITTED FOR THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINITY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINITY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINITY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINITY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING CAUSE OF DEATH 211. TO MEDICAL EXAMINER: 1HIS CE EXECUET THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 812 Toll House Ave. EXAMINER'S NAME Frederick, Md. 21701 Robert J. Thomas, M.D. 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 716. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Blue Ridge Cemetery Thurmont, Frederick, Maruland BP Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 615 East Main Street when havingon-paragree **DHMH-17** 1984 Thurmont, Md. 21788 (VR A15 ME (5)) R. E. Dailey & Son P.A. 15M 2/80





FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-								REG. NO.				
	CEASED NAME	FIRST	N	AIDDLE	LA	ST	20. DATE OF D	EATH MONIH	DAY YEAR	2b. HOUR		
{ TYPE	Leo:	nard	Elwo	od	Just	tice	Sept.	27, 19	84	11:20		
3 SEX	Х	4. f	RACE		S. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H		
	Male	901	Whit	е	Oct.	17,1908	h E de la	75 YRS.	11 10	HOURS M		
No BI	IRTHPLACE (STATE OR FO	REIGN 76.	CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	78377		
N	Maryland		U.S.	Α.	WIDOWES	_	Fre	derick	Co.,			
10.C1	ITY OR TOWN OF DEAT	H 11.				ROTHER INSTITUTION	12a USUAL OC	CUPATION	12b. KIND C	F BUSINESS		
Fr	rederick	F	reder	ick Mem	orial	L Hospital	Farm	er-Reti	red			
	AL RESIDENCE (IF NURSIN	IG HOME OF OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	130 STREET AD	DRESS		4-14		
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14 FA	ATHER'S NAME	MIDI	DIE	LAST	100	15. MOTHER'S MAIDEN N		AIDDLE	IAS	1		
	Marion			Justi		Ada			Sull	ivan		
	WAS DECEASED EVER IT	U.S. ARME	AD OD DATES	166 SOCIAL SECU		17 INFORMANT		ADDRESS				
	No	THE TES, OITE W.	AN ON DATES!	219-36-	1317	Ruby C. J	ustice,	Same A	s #13			
	18 CAUSE OF DEATH	(Enter only o	one couse per	line for (a). (b), and	d (ci.)				APPROX	IMATE INTERVAL ONSET AND DEA		
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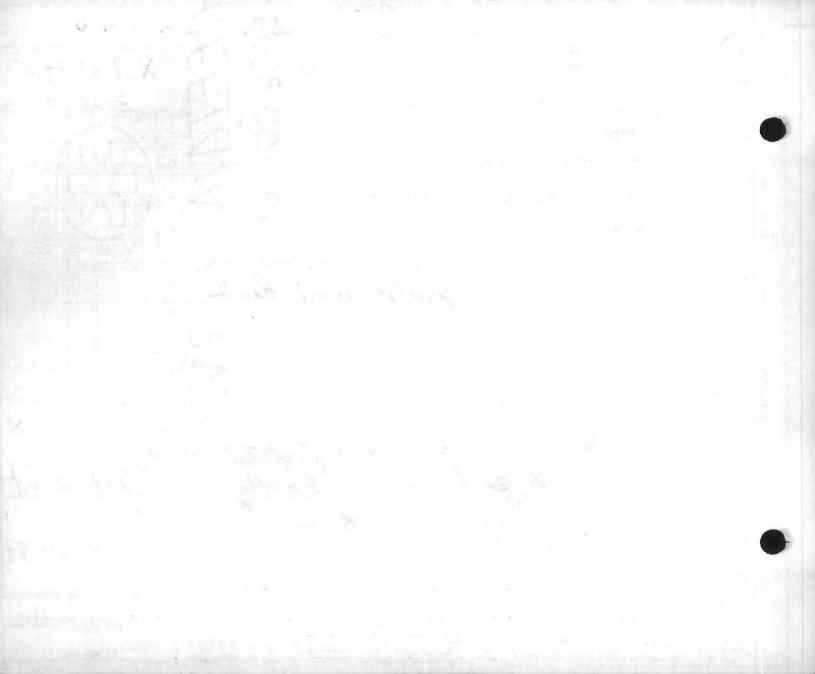
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24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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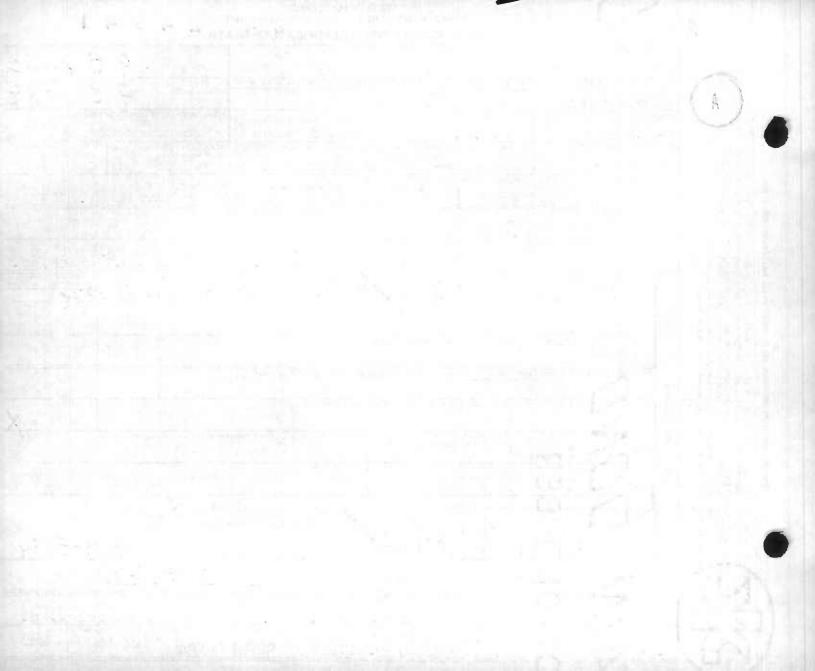
* 6 1 . S . H W Property 3, 1981, 8:00 ft. ST MET 2 . lest of the patient Avenue: Polynober pricipals [infe] whal area in the state of t T. Malanter Melteber hastern! Les best leaving surely. The second second second second tone 21-10-10-1003 Robert J. Telly, 512 west in rich Streets fort. I artic. ... 220 lord lamot t., Frederick I. ... The and a second of 1965 tt. (direct deservoy | Production, Frederick and The state and surpord jumped lone at 1000 2000 2000 2000 2000

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED RTCHARD EART. KENDAT.T. VITHIN 72 HOUR 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Caucasian May 23, 1910 74 Male 5 FOR YO 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR BALTIMORE CITY OF COUNT MARRIED NEVER MARRIED TO FOREIGN COUNTRY Frederick. State USA WIDOWED [DIVORCED 120. USUAL OCCUPATION CTYPE OF WORK 1126, KIND OF BUSINESS D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Construction worker Sabillasville Rt. 1, Box 218 Construc. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b. COUNTY Maryland Frederick NO 3 St. 1, Box 218 21780 Sabillasville YES 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST B. GIVE PAGES 1, WITH FORM PM II. PAGES I WND 2 William Kendall Alice Kuhn Martha 17. INFORMANT ADDRESS 16 Winwood Dr. 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-14-6639 Hagerstown, Md Mrs. Carrie Lewis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALUNDS
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PRIMIT OF HEALTH AND MENTAL HYGIENE,
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) DUE TO, OR A YA CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 211. LOCAT 21a PLACE OF INJURY , (AT HOME Traville 1 CITY OR TOWN NOT WHILE AT WORK AT WORK 22s. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER 812 Toll House Ave. Frederick, Md. 21701 Robert J. Thomas, M.D. ADDRESS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Pleasant Valley Cemetery Washington, Maryland BP DORES 615 East Main Street De DATE REGD, BY REGISTRAR 1356. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Thurmont, Md. 21788 15M 2/80

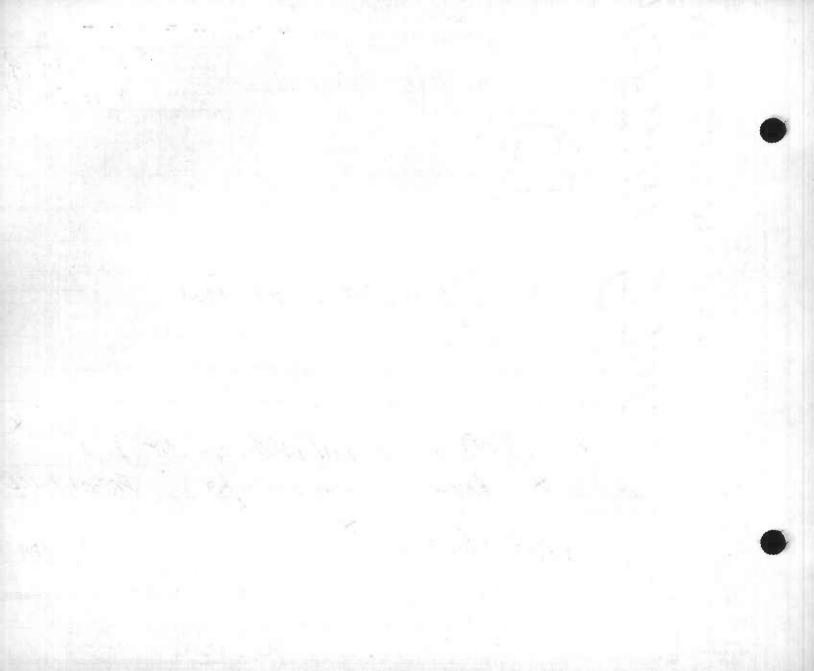


20M 4/82

STATE OF MARYLAND



2	*		FOR STATE REGISTRAR			DICAL EXAMI	HEALTH	AARYLAND I AND MENTAL H CERTIFICATE O	FDEATH REG.		2
			CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH D	AY YEAR / 2h HS
	A 8 8 8 E			Thoma		arl		in, Jr.	DEATH MATED		3,84 17
	PACE PACE PACE PACE PACE PACE PACE PACE	3. SE)		ite	5. DATE OF BIRTH MONTH DAY 12 21	YEAR 6. AGE (IN LAST BIRTH	DAY) MONT	DER 1 YR. IF UNDER	24 HRS. 2t. DATE MIN. PRONOUNCED DE AD		3 84 13
	NEW YEAR	7a. B	RTHPLACE (STATE OR		76. CITIZEN OF WH		T.	IED XXNEVER MARRI	9. BALTIMORE CIT	Y OR COUNTY C	OF DEATH
	SHOP W	V	irginia		U.S	.A.	WIDOW		-	ick Cou	intv.
	N N N N N N N N N N N N N N N N N N N		TY OR TOWN OF DE	ATH		PITAL, NURSING HOA		ER INSTITUTION	12a USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	TYPE OF WORK 126	KIND OF BUSINESS OR INDUSTRY
	O CONTRACTOR	F	rederick			6 Fulmer		1	Mechanic	R	Recreation
5	AND 3 PRETAIN PERCORD BECORD B	USU/ 13a. S	AL RESIDENCE (IF IN N	URSING HOME OR	OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SION)		13e. STREET ADDRESS	Marie R	
21201	AND HOUSE	Ma	ryland		lerick	Freder	ick	YES NO 🔀		el Road	1/21701
MD.	M 3. M 3. M 3. JTAL	14. F	ATHER'S NAME FIRST	WILL.	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST
ORE,	DEATH.		Thomas		arl	Martin,		Glady			Brien
BALTIMORE	OURS AFTER DEATH. IF ANY DELINE GIVE PAGES 1, 2, AND 310 310 310 31 WIT. PAGES 1 AND 2 SHOULD BE, DIVISION OF VITAL RECORDS.	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	(IF YES, GIVE W	AR OR DATES)	166. SOCIAL SECUR 217-58-		Gladys 1	50 ^{90R} Martin, Fred	Biggs A	venue
RECORDS, 201 W. PRESTON	HOULD BE EXECUTED WITHIN 24 HOUR RED "PROBING". IN PERVIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PREMIT. OF HEALTH AND MENTAL HYGIENE, DRIAL, CREMATION, OR REMOVAL.	NOI		immediate g the <u>under-</u> - NT (ONOITIONS <u>(</u> (DUE TO, OR (b) DUE TO, OR (c) DISTRIBUTING TO DEATH E	AS A CONSEQUENCE	: OF RMINAL DISEAS	OR CONDITION GIVEN IN PAGE	RT (a).		
Z Z	SHOULD VORD "PEI VORD "PEI NI OF HEA BURIAL O	FICAT	190. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPE	RATIONW	AS PERFORMED?		2	0 AUTOPSY?
DIVISION OF VIT	IIS CERTIFICATE SH VRITING THE WOR ARDED TO THE CH GES SHOULD BE USES TE DEPARTMENT OF SOIL PRIOR TO BUIL	MEDICAL CERTIFICATION	210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DE	216. TIME OF HOUSE AM	MONTH 93 198	21c. Ho	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN TEM	18 PART 1 OR PART 2)	YES NOX
DIVI	I>>dd-	WE	WHILE NOT	WHILE X		ORY, FARM, ETC.)	6	146 Fulm	R REITY OR TOWN	FRED	pick mid
•	MEDICAL EXAMINER: COUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: FUNERAL DIRECTOR: TIMORE, MARYLAND,			I taak charge n: Natura	af the remains described as a second and the remains described as a second as	home	100	Hamicide TITLE (SPECIFY) D. Deputy 812	MEDICAL EXAMINER Toll House Aviderick, Md. 21		9/13/84
	DARDER -	23 a. B	URIAL, CREMATION,	REMOVAL 231	b. DATE	23c. NAME OF C	METERY O		23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		Buria	1	9/15/84	Resth	aven	Mem.Gar.	Frederick	,Freder	rick,MD
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 F	JNERAL DIRECTOR NAME Douglas	Stauf	16210REQ fer,Fre	possumto derick,M	wn P:	ke 701 SE	1 8 1984	EGISTRAR'S SIGN	ATURE LA



•	(A Long	ope.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAŁ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter disastrationed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the functed should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 2 hours attend the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner myst be natified at onese.
	5 5	5 gr	M

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

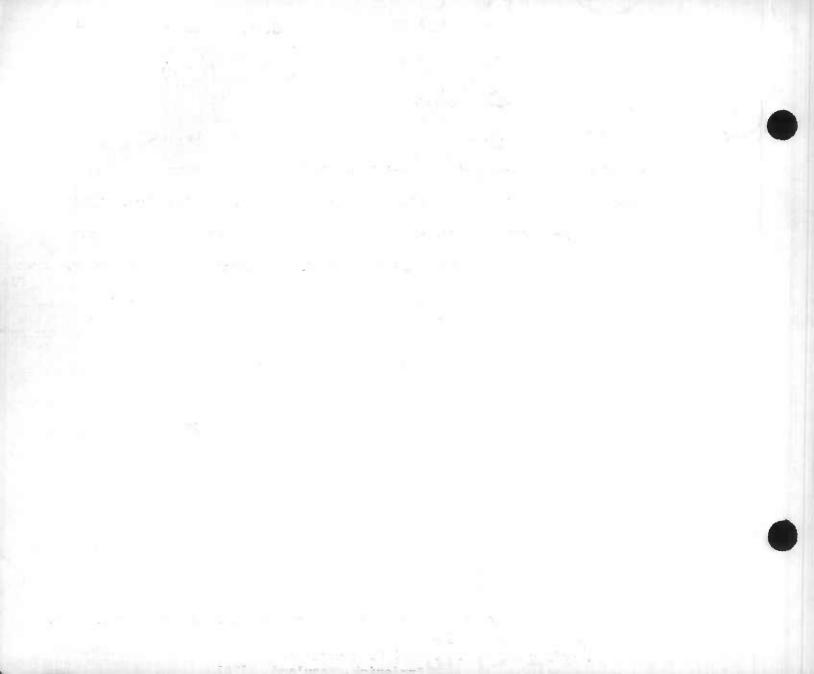
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	OR PRINT)	rise	5	idnor	. Mc	Cormick	20 DATE OF D	121	St.	YEAR	75 HOUR S
3 SE	Fem.		RACE	Caucas.	5. DATE C		6. AGE (IN YEAR	8	YRS.		IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATEORE COUNTRY) Georgia		U.S.2		WIDOWE			deri	cki	DEATH	MD.
	ity or town of dea Frederick		Frede	HFACILITY, GIVE STE Prick Mo	REET ADDRESS) emorial	ROTHER INSTITUTION Hospital	12a USUAL OC (TYPE OF WORK FO Home)		VORKING LIFE)	126. KIND OI INDUSTRY none	F BUSINESS OR
	AL RESIDENCE (IF NURS STATE Maryland	136 COUNT		GIVE RESIDENCE BE 134. CITY OR TO Frede.	OWN	134. INSIDE CITY LIMITS?	13e.STREET AD		Blvd.	217	01
	THER'S NAME FIRST Rev. Giles		ille	LAST MKKKX	Sydnor	15. MOTHER'S MAIDEN NA/ FIRST Evelyn				acket	
	vas deceased ever yes, no or unknown) No		ED FORCES? WAR OR DATES)	100 SOCIAL SI	6-6502	Mrs. Joan M	cCormic	ADDRES:			r. Marath
NO	Conditions, if ony, gove rise to imm couse (o), storin underlying couse	nediote ig the lost	DUE 10, 0	le	PP Quence or	Sudy NOT RELATED TO THE TERM	UNAL DISEASE C	DR CONDI	TION GIVEN	IN PART 110	
CERTIFICATION	19a DATE OF OPERA	TION	1%.COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20s AUTOPS		206. IF YES, W IN CERTIFY IN YES [G CAUSES	
MEDICAL CERT	? To ACCIDENT WAS UND OR CONTRIBUTING () ((IF EITHER, NOTIFY MEDIA	CAL FXAMINER)	P.,	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE					
MED	21d INJURY OCCURE	OLE 🗍	(AT HOME, STR	DE INJURY EET FACTORY, OFFI	CE, FARM ETC)	STREET		CITY OR TOWI	4	COUNTY	STATE
	27a I certify that (I) saw the deceadable (I) we have the deceadable (I) which is a second of the	d live on_ dd (md not)	view the body		· a	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	, to	STAFF			
	BURIAL, CREMATION,	REMOVAL	236 DA/TE			EMETERY OR CREMATORY	23d LOCATI			DUNIY	MA

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

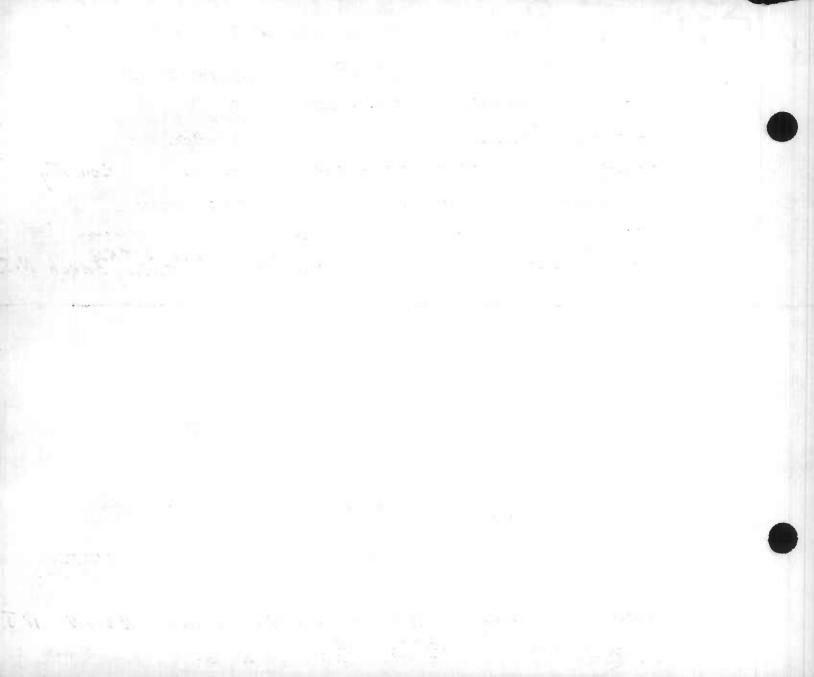
Robert E. Dailey & Son F / H. 1201



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G596 items # 5 & 6



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST MUSGROVE , SR 20 DATE OF DEATH FIRST CHARLES MIDDLE MERVIN MONTH DAY 7b. HOUR DECEASED NAME LITYPE OR PRINTS 1994 MERVIN MUSGROVE SE CHARLES IF UNDER TYEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) APRIL 19,1913 WHITE MALE 71 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN . bM MARRIED NEVER MARRIED USA Frederick DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Carpenter Frederick Memorial INDUSTRY Frederick Hospital Construction USUAL RESIDENCE (16 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COUNTY

130. CITY OR TOWN

Frederick

Frederick 1076 Redfield Ct. Apt. T-A 13d INSIDE CITY LIMITS? YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Henry MIDDLE Charles Nellie Warfield Musgrove ADDRESS 166. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Ves 578-01-2808 Doris E. Musgrove Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) In Earction PART I. DEATH WAS CAUSED BY 40 Cardia - hour IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES [NO [or Hem 18 sh 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTHY MEDICAL EXAMINER) 19

MPORTANT:

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

FRANCIS H. BARBER

BURIAL

21d INJURY OCCURRED

WHILE

NOT WHILE

sow the deceased alive on

Jettrey

23a. BURIAL, CREMATION, REMOVAL

22a 1 certify that (1) (this hospital) attended the deceased from.

above, (t) (we) (did) (did not) view the body after death

SEPT.11,1984

Cowch

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c. NAME OF CEMETERY OR CREMATORY Clarksburg Meth.

DEGREE

18ptemben

21f. LOCATION

72e ADDRESS

ATTENDING

23d LOCATION Clarksburg

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Mont.

-redenich 1410

Md.

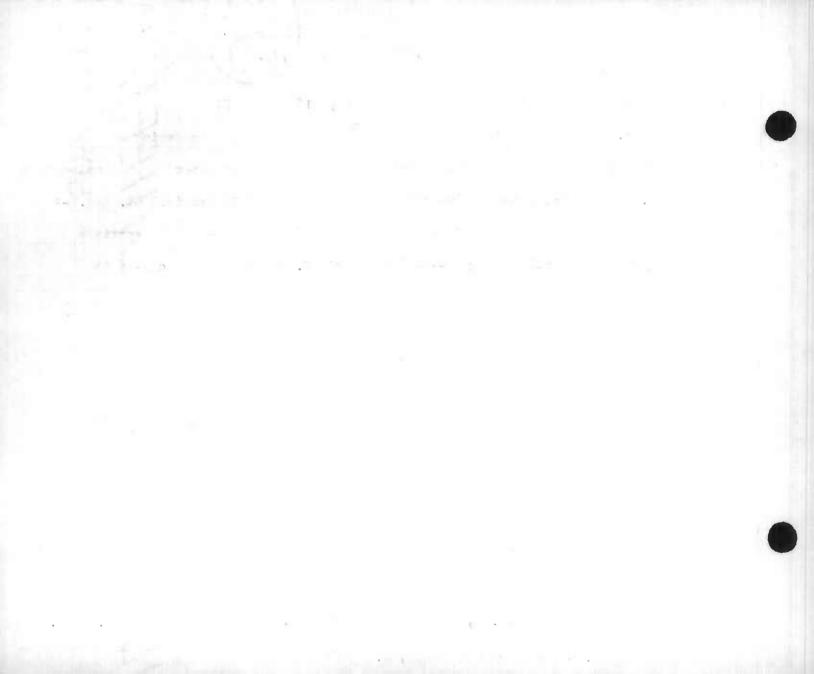
STATE

LAYTONSVILLE, MD. 20879

236. DATE

250 DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE

COUNTY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2b. HOUR 20 DATE KNOWN OF (TYPE OR PRINT) NECHELES M.D. Thomas DEATH MATED 5. DATE OF BIRTH 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male White DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED IN NEVER MARRIED FOREIGN COUNTRY) Frederick County, Germany DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Medical Do atrick Street East Frederick Doctor Research USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Frederick CITY OR TOWN 13. STREET APORESS atrick St. 21701 Frederick YES S. NO [Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Magnus Henrietta Necheles John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Necheles, DIVISION Mrs. Carmen Shornecliffe (YES, NO, OR UNKNOWN) Rd. orean Conf. Newton. Mass. CAUSE OF DEATH (Enter only one couse per line or (a) (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B WRITING THE CAGE AS AGE AS AGE AS AGOLD BE USED AS AGOLD BE USED AS AGOLD BE USED AGORD OF HEAR OF THE DEPARTMENT OF HEAR AGORD TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTIONE PAGE 3 AFTER DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTHMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNATURE 812 Toll House Ave. Robert J. Thomas, M.D. EXAMINER'S NAME Frederick, Md. 21701 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 10,1984 Newton Cemetery Newton Middlesex Mass. Bept. BP. 256 REGISTRAR'S SIGNATURE Basiond P.A. Funers **DHMH - 17** (VR A15 ME (5)) Frederick. 20M 4/82

Winner plan is a good quality and in-· Constitution of the contract Intis . In take 27 to 25 Date of the last o

4		FOR STATE REGISTRAR	Numar	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO		9 4	7
		CEASED NAME FIRST OR PRINT) Par:	MIDDLE	NEWMAN	20. DATE OF DEATH September		1984	26 HOUR 8:45 Pm
	3. SE	Male	4. RACE White	Jan. 10, 1897	6. AGE (IN YEARS LAST BIRT	HDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
neral d	7a. Bi	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED NO DIVORCED	9. BALTIMORE CITY O	COUNT		MD.
by the further described with		ty or town of death Frederick		G HOME OR OTHER INSTITUTION ADDRESSI HOSPITAL	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	WORKING L	FE) 12b. KIND (
filled in rould be f	USU/ 13a S	STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW rederick Freder	rick 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		Œ	
ampletely ond 2 st examine	14. FA	THER'S NAME FIRST John	shaw Newmar		AME MIDDLE Rebe	cca	Pai	rsons
n and co		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI YES W.	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) W. I not avail.	Elizabeth Lu	tz - Trust 0	ffide	er	t-Go
we requires that the death been signed by the attend mit. Then please remove co prior to buriol, cremotion, o	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	rive Heart f	sterlind bleds		20b. IF Y8	ES, WERE FINDI	INGS USED
The lo	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJUR	Y	IFYING CAUSES 'ES PART OR PART 2)	NO [
o box attending physicials. DIRECTOR: After this certification use as the burial-transcribed for use os the burial-transcribed for use of the burial-transcribed for use of the burial-transcribed for the plant is morked or them 18.	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION STREET 4, ond that in (my) (**) apinion DEGREE	to	wn ite and ha	COUNTY , 19, ur and fram the	state that (I) (wee) last e causes stated SIGNED
FUNERAL ould be detected by the State PORTANT: If		22d PHYSICIAN'S NAME (1998 Dr. Austin	Pearre, Jr., M.I	ATTENDING PHYSICIAN 22e. ADDRESS 804 Toll He	medical star director physic	IAN 🗌	rick. Ma	11/8 4 arvl and 21
BP CH W	23a E	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23t DATE 23c 1	NAME OF CEMETERY OF CREMATORY Mt. Olivet Cemete:	23d. LOCATION		COUNTY	STATE
HMH - 16 50M 4/83 (VRA 15, 4)	24. FI	Smiltin Koopey	and Basiord funct	25e. DA	TE REC'D. BY REGISTRAR EP 17 1984	256 AREG IS	TRAR'S SIGNA	TURE

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the first of the control of the cont

Funeral Home, Emmitsburg, MD

FOR

- STATE

DHMH-16 50M 7/77 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

HOURS

126. KIND OF BUSINESS OR

LAST

lot mi

Emmitsburg

NO F

STATE

COUNTY

22c. DATE SIGNED

Sept 84

Dgtrs. of Char:

IF UNDER I YEAR

INDUSTRY

2:10 a

IF UNDER 24 HRS

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ALCONOMIC DISTOR	MARIA DATAS	Se Charles Saver	A SHEET

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPARTM	CERTIF	FICATE OF DEATH	-1	4 9	4 7	
	LEASED NAME				Decici, Sr.	20 DATE OF DEATH	MONTH D	1984	26 HOUR 9:09 M	
3. SEX Male			4. RACE Whi	te			61	IF UNDER 24 HRS HOURS MIN.		
	COUNTRY	OREIGN		U.S.A.	WIDOW	ED DIVORCED				MD.
M	Freder	ick	Frede	rick Memo	rial	Hospital	(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDIGHT	pet tallation
13a S Ma	ryland	13b COU!	YTY	13c. CITY OR TOW!	N	13d. INSIDE CITY LIMITS? YES MO	501 Highlar	zip code	eet, 2	1701
	Elmer					Nellie	Lenore		Ste	vens
		(IF YES, GI	E WAR OR DATES)					281,21	Clark	sburg Rd.
	Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last	DUE TO, OF	acute as a conseque interior	On NCE OF SCLU	trea wall,	me o carde	I info	arctin	(a)
TIFICATIO!	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	ING CAUSES	
MEDICAL CERT	OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT AT WORD 370 Certify that (1) 50w the decase above, (1) (mm) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NA	AUSE OF DE LAL EXAMINE: EED ILE (this hosp of alive or id) (she no	P./ PILE PLACE (AT HOME, STR (ital) attended the property view the body SR PRINT)	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FJ edecgased from 19 offer death.	19 ARM. ETC.)	21f. LOCATION STREET and that in (my) (and apinion DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	deoth occurred on the de	ate and hour	county 19 \$ 7 and from the 22c DATE	eft sy
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138. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 1981 Resthaven Memorial Gardens Frederick, Frederick, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL Burial

Smith, Reeney and Basiord

106 East Church Street.

TO FUNERAL DIRECTOR After this

OR ATTENDING

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27.7.1 27. Appendix Software TOYES Jacob Brack Late Committee to the second committee to the committee of the committee AND STREET, LEADING AND A STREET, AND ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESS The state of the s the statement of the second of Annual and particular country described in the second

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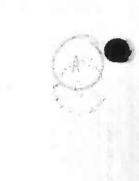
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DING PHYS or attending After this of the builth and Me morked or I	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTOR)		211 LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE
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TO HOSPITAL retained by 1 TO FUNERAL should be det with the State IMPORTANT:		Anoman C	S. MANACO,	m.o.	GLOON YA	wer corre	e, MAN	WOLA, M	J. 21770
55 - 4 > 3	23e. E	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	CITY OR LOWN	COL	INTY	STATE
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN MONTH (TYPE OR PRINT) ESTI-5:45 Ruth Leota Salton DEATH MATED 1984 9 9 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 3 SEX DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 6:05 75 11 30 09 Female White DEAD 198 4 TO BIRTHPLACE (STATEOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) PA U.S.A. Frederick DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Frederick Memorial Hospital Housewife Frederick B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN I. PAGES 1 AND 2 SHOULD B DIVISION OF WITAL RECORDS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE Allegheny E. McKeesport YES X 9200 Edwards Wav NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Allan Graham Sarah Holler IAN SOCIAL SECURITY NO 17. INFORMANT 9200 Edwards Way 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) NO 194-01-3875 Frank Salton Adelphi MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DED TO THE CHIEF MEDICAL EXAMINER ALONG
3 SHOULD BE USED AS A BURIAL -TRANSIT PREMI
DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
1 PRIOR TO BURIAL, CREMATION, OR REMOVAI Carcinoma, lung IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNKAL DIRECTOR: PAGI AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 AT WORK AT WORK X 274 Feartify that I took charge of the remains described above, held an Autapsy and in my apinian Inspection Inquiry Suicide Hamicide Undetermined manner TITLE (SPECIFY) 9/10/84 Deputy MEDICAL EXAMINER SIGNED Toll House Avenue EXAMINER'S NAME Robert Thomas, M. D. Frederick 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 9/12/84 PA Penn-Lincoln Mem Pk N. Huntingdon Westmd. 1201 N. Market **DHMH - 17** SEP 26 Frederick, MD21701 (VR A15 ME (5) 15M 2/80



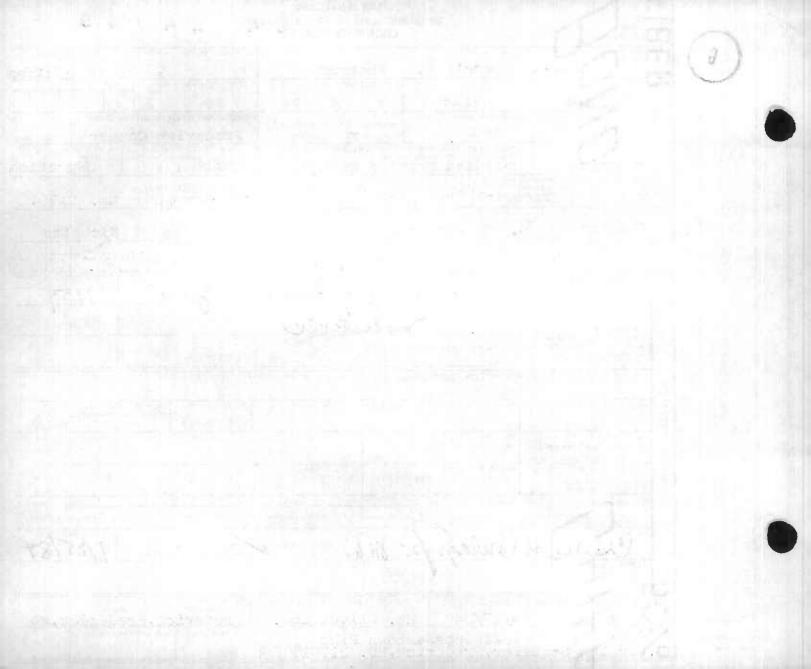
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF EST1-Clara Elizabeth DEATH MATED SHORB 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Female White March 24, 1913 DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED Virigina U.S.A. Frederick County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Clothing Prederick Memorial Hospital Seams tress Frederick WITH FORM PM 3. RETAIN P T. PAGES 1 AND 2 SHOULD BE DIVISION QE VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21777 13d INSIDE CITY LIMITES Maryland 13e. STREET ADDRESS 1601 Ballenger Creek Pike Frederick 13c. CITY OR TOWN pt.of Rocks 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Woodward Annie Daniel B. Hoke Chartes B. Shorb 1600 REBallenger Ckeek Pk. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 220-05-6182 Point of Rocks, Md. 21777 No None 18 CAUSE OF DEATH (Enter only one cause pe 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 21201 PRIOR CONTRIBUTING CAUSE OF DEATH P.M 19 210 PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE & SHOUD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3. AFTER DEATH, WITH THE STATE DE BAILTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE 812 Toll House Ave. Robert J. Thomas, M.D. Frederick, Md. 21701 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Sept 7, 1984 Saint Lukes Cemetery Feagaville Md . RP 14 FUNERAL DIRECTOR, Keeney & Bassard Funeral Home DHMH-17 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5)) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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/		W. Va.	U.S.		WIDOW	DIVORCED	Frederi			MD.		
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5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU!	VTY	GIVE RESIDENCE BEFOR	re admission) yn town	13d. INSIDE CITY LIMITS? YES NOTE:	7702G Ma	s / ZIP CODE rker R	d. 2	1769		
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7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION	(b)	ises I	DEATH BUT	NOT RELATED TO THE TERM		20b IF YES.		NGS USED		
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()	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINE) 218. IN JURY OCCURRED WHILE ONOT WHILE AL WORK AL WORK	P. PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN		COUNTY	STATE		
		220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no		19_		nd that in (my) (our) apinion	, to death occurred on the			that (I) (we) lost		
		226 SIGNATURE	ale			DEGREE ATTENDING PHYSICIAN [TAFF SICIAN []	22c. DATE	SIGNED		
		22d PHYSICIAN'S NAME ITYPE	RPRINT)	188KE	HT	335 Park		R.S.	inck 1	MS 21701		
	23a. 8	Burial, CREMATION, REMOVAL SPECIETY Burial				emetery or crematory an Cemetery	23d LOCATION CITY OF TOWN Middle	town F	red.	Md. STATE		

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Thompson Funeral Home

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21769 Middletown,

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2b HOUR (TYPE OR PRINT) BERTHA ESTELLA SMITH September 30, 1984 11:15 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX 4 RACE Female July 10, 1890 Caucasian To BIRTHPLACE I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED | Frederick IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick 101 East 5th Street Store Operator Gen. Merchan. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Frederick Frederick YES X NO [101 East 5th Street 27707 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nimrod S. Florence Orem, Sr. Marsh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 211 East 5th Street (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! 214-10-5765 Frederick, Md. 21701 No Mrs. Janet Lehman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: auce IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this hospital) attended the deceased fram and that in (my) (our) opinian death occurred on the date and hour and fram the causes stated above (1) (did)(did nat) hew the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S/NAME (TYPE OR PRINT) 22e. ADDRESS should be 0 Willis J. Riddick, MD Parkview Medical Center, Frederick, Md. 2170 0 23¢ NAME OF CEMETERY OR CREMATORY 234 LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIEVE 10/3/84 BP Burial Mt. Olivet Cemetery Frederick, Frederick, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1201 N. Market St DHMH - 16 50M 4/B3 (VRA 15, 4) Frederick, Md. 21701

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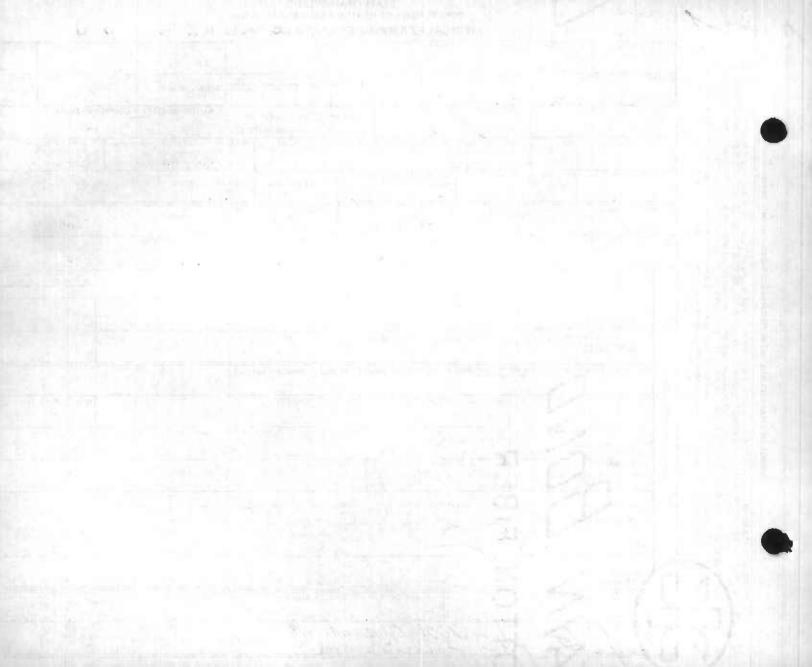
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME Middle Lost 2o. DATE OF DEATH First (Type or print) Month Lela Smith Mae 10 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HOURS White May 7 Female BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A WIDOWED -DIVORCED [Frederick Maryland 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 Airv/2177 OWS housekeeper home OWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 21787 460 E. Baltimore St. YES X NO Tanevtown Middle 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Nichols Dixon Martha Ellen James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT 81 Yerk St. (Yes, no, or unknown) (If yes give war ar dates of service) Tanevtown 219-36-0016 Jack Smith Ear] none APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE D Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF lease stoting the underlying cause requires that the d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? NO 🗌 YES 🔲 210. ACCIDENT WAS 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) UNDERLYING -OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notily medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I **certify** that (1) (this hospital) attended the deceased from saw the deceased alive an 19, and that , that (1) (we) last and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated above (D) (we) (did) (did not) view the bady after death. & Careful For 1) UNTHICUM 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MD DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) shauld be of Health 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) 10/3/84 0 Mt. Olivet Cemeterv Frederick Frederick MD 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND

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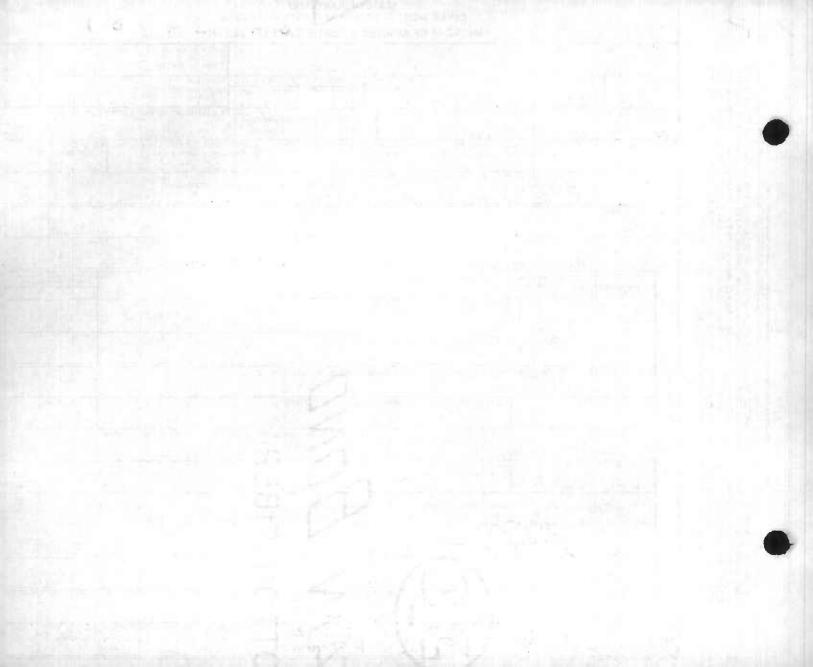
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 28. DATE KNOWN M MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-9/25/8419 Smith DEATH MATED Rose Lee AGE (IN YEARS IF UNDER TYR. HTHOM 4 RACE 5 DATE OF BIRTH DAY IF UNDER 24 HRS 2c. DATE HOUR 9:41 LAST BIRTHDAY PRONOUNCED DEAD 9/25/8410 PM 19 1938 45 YRS Female White Oct. BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) United States WIDOWED DIVORCED Frederick County Pennsylvania & CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS) OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Eastbound I70 Treasurer Cemeterv WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION H36 COUNTY In STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Jefferson YES NO X R.D. Penna Revnoldsville FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Infantino June Reed John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS TYES NO OR UNKNOWNS I (IF YES, GIVE WAR OR DATES) 178-30-4392 Dana E. Smith R.D. #2 Revnoldsville. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO NO DEPARTMENT 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AND MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 9:4 1P.M. 9/ 25/9 84 subj. passenger in auto/dump truck collision 21e PLACE OF INJURY (AT HOME 21E LOCATION 21d INJURY OCCURRED CITY OR TOWN WHILE AT WORK AT WORK highway Eastbound I 70 Frederick, Md. FUNERAL DIRECTOR: 22a I certify that I took charge of the remains described above, held an Inquiry and in my apinian Accident X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 9/26/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Gregory R. Kauffman, M.D. TYPE OR PRINT ADDRESS 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Sept.29.1984 Tioga Co. Memorial Gardens Wellsboro Tioga Co. Penna. Buria 14 FUNERAL DIREC L DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR ALS ME (S)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN N MONTH DAY 26. HOUR (TYPE OR PRINT) ESTI-William DEATH MATED 9/25/8419 R. Smith 4. RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED 9/25/8419 DEAD P 18 1935 40 Male White Aug. TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH EIRTHPLACE (LIAIS MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED United States Frederick County Pennsylvania 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Vice President Eastbound I 70 Cemeterv ISUAL RESIDENCE IN INTRUMERY, HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UI COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Jefferson YES NO X Penna. Revnoldsville FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Walker Smith Janet Clair 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 1Ju154--2Dec57 Dana E. Smith R.D. #2 Reynoldsville, Pa. unknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF THIS GRITTLE WORD
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PAGE 3 SHOULD BE USED AS A BURIAL - TE
STATE DEPARTMENT OF HEALTH AND MEN
STATE DEPARTMENT OF HEALTH AND MEN lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO | 210 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KON MONTH DAY YEAR UNDERLYING MOR 9/ 25/1984 driver in auto/dump truck collision CONTRIBUTING CAUSE OF DEATH 9 . 4] P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARTHAND, 21201 P STREET, FACTORY, FARM, ETC. CITY OR TOWN highway Eastbound I 70 Frederick, Md. Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Accident X Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL 9/26/84 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., Md. 21201 23g BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Sent 29 1984 Tinga Co. Memorial Gardens Wellshoro Tinga Co Burial nuos sumoun A (VR A15 ME (5))

20M 4/B2



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 7b. HOUR (TYPE OR PRINT) 1984 Wilson STULL September 21. Charles 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE Nov. 19, 1913 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Frederick County, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION [TYPE OF WORK FOR MOST OF WORKING LIFE] 836 North Market Street Retail Grocer Frederick Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 836 North Market St., 21701 Frederick YES Frederick Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDIE Dona Wachter Stull Stanley 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mrs. Katherine M. Stull, Frederick 213 214-10-2556 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF EXETUTIVE Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS LISED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 27a.1 certify that (1) (this haspital) attended the deceased from and that in my (aur) apinian death accurred an the date and have and from the causes stated saw the deceased alive an abave, (1) wy (did) (did not) view he bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING should be de with the Stat 72e ADDRESS 274 PHYSICIAN'S NAME LITTE OF PRINT Dr. P. G. Rausch, M.D. 4 West Sewenth Street, Frederick, Md. 21701 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Sept 24. 1984 Mt. Olivet Cemetery Frederick, Frederick, Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Smith, Keeney and Basford Tuneral Home Fichia Davidson (VRA 15, 4) 106 Fast Church St., Frederick, Md. 21701

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SEX		OIIV	ia Ar	111	5. DATE O			6. AGE IN YEARS LAST B	IRTHDAY	IF UNDER TYEAR	IF UNDE	R 24 HRS	
	5.00	emale		Black		MONTE	H DAY	YEAR			MONTHS DAYS	HOURS	MIN.	
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Z		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER	MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH			
4		aryland		U.S.	Α.	WIDOWE		VORCED	Frederick					
Ú		TY OR TOWN OF D	EATH	11. NAME OF H	OSPITAL, NURSI	NG HOME	100	TITUTION	12a. USUAL OCCUPA	TION	126. KIND		MD. NESS OR	
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	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER	S MAIDEN NAM	ME		1.4	ST		
Z	1	John			Frazier		Ma	rtha	MIDDEC	M	cCubbins			
110	16a W	AS DECEASED EVE	R IN U.S. AR		16b SOCIAL SECT	URITY NO.	17 INFORMA		ADD	RESS .	COUDD.		4 = 1	
A	100	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	010 14	0000	AST	6000000	Ch	IA.	FA.		h - 7	
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		18 CAUSE OF DEA	TH (Enter of	ly one cause per	line for (a), (b), or	nd ici	. 0	In ilan			BETWEEN	ONSET AN	DEATH	
		PARTI. DEATH		TE CAUSE (o)	Orson	cks	nal	recular	L					
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	CERTIFICATION			green	at lar	imou	20			T				
1	CA	190 DATE OF OPERATION		196. CONDI	TION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY?		, WERE FINDINGS USED YING CAUSES OF DEATH?			
	TIE								YES NO	Y	ES 🗌	NO		
7	E I	210. ACCIDENT WAS U	_	110110 4		AY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18.	PART 1 OR PART 2)			
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		22a I certify that		2.04	e deceased from	14	uix.	, 19.000		4	198	, that (l)	(sup)-lost	
		saw the deceased alive on 19 4 , and that in (my) (out opinion death occurred on the date and hour above, (I) (out opinion) (did not) view the body after death.										couses s	tated	
		226. SIGNATURE	Λ	m 10	0	/h	DEGREE		/		III. DAJ	SIGNED	1	
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	23a B	URIAL, CREMATION	N, REMOVAL	23b. DATE	2375	AME OF	EMETERY OR	REMATORY	23d. LOCATION CITY OR TOWN	1	(gad)		TATE .	
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DHMH - 16 50M 4/82 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 7s. DATE OF DEATH 25 HOUR DECEASED NAME NACTUATIVE (1996-CR PRINT) MABEL FRALEY TOWNSEND September 23. A AGE THEYEARS LAST BRITISHED FUNDER LYEAR A CONDER TABLE 4. RACE 5 DATE OF BIRTH 2. 5EX MINETAL TEAR 1899 Female Caucasian February 6, BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE INTAIN ON FOREIGN IN CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED TV Frederick. 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION De USUAL OCCUPATION 12h KIND OF BUSINESS OR IS CITY OR TOWN OF DEATH OF NOT WALLOW FACILITY, GIVE STREET ADDRESSS LITTLE OF WORK FOR MOST OF WORKING LIFE. INDUSTRY Home for the Aged Ret. Store owner Gen. Merchan Frederick USUAL RESIDENCE IN NUMBER HOME OF OTHER POSITIONER OF RESERVES BY ARMSTONI 33e: STATE 13b: COUNTY 13c: CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 1136 INSIDE CITY LIMITS? 21701 Frederick 115 Record Street Frederick YES IN NO I Maryland IS MOTHER'S MAIDEN NAME A FATHER'S NAME 1857 1.653 ANDREE Kellu Fraleu Ida Frank In. WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT 115 Record St. LE YES GIVE WAS DEDATEST (HES, NO OR UNKNOWN) Frederick, Md. Home for the Aged 215-18-2942 No II CAUSE OF DEATH (Enter only one couse per line by PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate course issi, storing the DUE TO OR AS A CONSEQUENCE OF underlying come list PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig. 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 78e. AUTOPSY? 286. IF YES, WERE FINDINGS USED NE DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOW NO IT THE ACCIDENT WAS UNDERLYING [7] 21k TIME OF INJURY THE HOW INJURY OCCURRED. CONTRINGING OF PRIORS IN TENT IS CREAKED. HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH 10 LIFERTHER, NICTORY MEDIC BY EXAMINERS P.M 211 LOCATION 214 INJURY OCCURRED TI+ PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHEE 22x & certify that (1) (this hospital) attended the decegned from saw the decease and that in (my) (our) opinion death occurred on the date and hour and from the course stated not; view the body of 27h SHIPPATURE DEGREE 72c DATE SIGNE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 234 PHYSICIAN'S NAME THIS OFFICE 2 4 Parkview Medical Center, Frederick, Md.2170 Timothu F. Hickey, MD IS: NAME OF CEMETERY OR CREMATORY 234 LOCATION 23a BURIAL CREMATION, REMOVAL 23b DATE Thurmont, Frederick, Maryland Blue Ridge Cemetery Burial 9/26/84 15. DATE HEC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 615 East Main St. DHMH - 16 50M 4/83

Thurmont, Md. 21788

Dailey & Son! P.A.

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	0.		120	-

	REGISTRAR		CERTITION	CALL OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
111116	Jacque	eline Flo	Tubk	S	Sept. 7,	1984 2:30a
), 5E)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Female	Caucasion	Jan.	0 = 1000	56 yr	MONTHS DAYS HOURS MIN.
	RTHPLACE ILLATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	DV2 8		9 BALTIMORE CITY OF COLL	
	llinois	U.S.A.	WIDOWE	DI DIVORCED	Frederick (County, M
-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C		12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OF
F	rederick	Frederick N	TREET ADDRESS)	1 Hospital	(TYPE OF WORK FOR MOST OF WORKIN	Business
USUZ	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)			
	ryland Fre		letown	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	Drive/ 21769
_	THER'S NAME	Laci ich iii aas	LC COWII	15. MOTHER'S MAIDEN N		J117C/ 21703
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160 V	Albert VAS DECEASED EVER IN U.S. A	A. JOY	ECURITY NO.	17. INFORMANT	ADDRESS_	Rees
		GIVE WAR OR DATES)	20-2684		bbs, Middleto	son Drive own, Md. 21769
	V	only one cause per line for (a), (b				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUS	SED BY.	501000	/	arrest	SET WILL GASET AND SEATT
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		DUE TO, OR AS A CONSE	QUENCE OF			
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ĕ						
CA	19a DATE OF OPERATION	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?	
Ě					YES NO	YES NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
AL.	OR CONTRIBUTING CAUSE OF D		DAY YEAR			
H	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	211 LOCATION		
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		ipital) ottended the deceased fr		19_0	7 10 110	, 19
	saw the deceared alive of above, (I) we (did) (did)	nat) view the bady after death.			n death occurred an the date and	
	226. SIGNATURE			DEGREE		22c. DATE SIGNED
4	Jes 1	/h		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 9/2/84
	224. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS		11/
l H	P.G. Rausch	h		4 West 7t	h St., Frede	rick, Md. 2170
23a. B	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	Burial	9/11/84	Oak Pi	idge Cemete	Springfie	1d, Sangamon, I
24 EI	INIERAL DIRECTOR			250 D	ATE REC'D. BY REGISTRAR 256. RE	
29 FU	NAME	1621 Opose uffer,Freder:	umtowr	Pike C		
G.	Douglas Star	uffer, Freder	ick, MD.	21701	EP 1 0 1984	la Davidson-Randell

DHMH - 16 50M 4/83 (VRA 15, 4)



DEDADTMENT OF HEALTH AND MENTAL HYCLENE

١		STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF	DEATH	Bound		REG. N	0.	7 (0 0	,	
1	1. DECE	ASED NAME	FIRST		MIDDLE		AST	-7	20.	DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOU	R 53
М		H	nnie	- L	-0415ª								25	84	3	AM
4	3. SEX	Female		I. RACE	hite.	S. DATE C		/ YEAR		AGE (IN YE		THDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN,
		HPLACE ISTATEORI	OREIGN 7	U.S.	MHAT COUNTRY?	8 MARRIE WIDOWE		R MARRIED DIVORCED) ⁹ B	BALTIMO	reder					MD.
l		or town of dea F rederi ck		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memoria						126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homenaker Home					SSOR	
2	130. ST	RESIDENCE (IF NURS ATE aryland	13h COUN		I30 CITY OR TOW Freder	N	YES X	CITY LIMITS		STREET A				, 21	701	
	14 FAT	HER'S NAME FRST George	N	A. Sier			IS. MOTHER'S MAIDEN NAME FIRST Cora			MIDDLE WE			WIX	Ming		
		AS DECEASED EVER 5, NO OR UNKNOWN)		NED FORCES? WAR OR DATES) None	217-30-5	538	Merec	lith F	. Wa	ltz,	18 E		Sout		1701	
	NO.	Conditions, if ony, gove rise to immacouse (o), stodic underlying couse PART 2. OTHER SIGI	nediote ig the lost.	ONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT				L DISEASE			GIVEN IN			
	TIFIC									YES 🗍	NOM	IN CER	YES [CAUSES	OF DEAT	
		OR CONTRIBUTING CAUSE OF DEATH			AY YEAR							RPAR1 2)				
	ME.	WHILE NOT WE AT WO	THE T	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET			CITY OR TOWN COUNTY				DUNTY	STATE	
		20 I certify that (I) sow the decease above, (I) (we) (ed olive on_	9-25	19_	84 .º	nd that in (m	19_2 y) (our) opin		, 10	d on the d	ote and h	nour and	from the		
		226. SIGNATURE	3~	- Je -			DEGREE	ATTENDIN PHYSICIA		AEDICAL IRECTOR (STA PHYSK		2	2c DATE	SIGNED	
		Zd PHYSICIAN'S N.	AME (TYPE OR	BAR	CXXAT			Park .		ue, I	rede	rick	, Md	. 21	701	
	230 BU	RIAL CREMATION, ECHY) Burial	REMOVAL	Sept.	28,1984	Dest	haven	R CREMATO Memor	ial	Garde	TION OR TOWN	Fred	eric	K. F	rede	rick.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FOR

Smith, Keeney and Basford Tuneral 106 East Chruch St., Frederick, Mo

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

and the second of the second o

See Side of Street Transfer

24 FUNERAL DIRECTOR h, Keeney & Basfordon Juneral Home.

106 East Church Street. Frederick. Md. 21701 --- -

FOR

REGISTRAR

I. DECEASED NAME TTYPE OR PRINTS

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

26 HOUR

8

12h KIND OF BUSINESS OR

Bd. of Ed.

Dav

APPROXIMATE INTERVAL

NO M

STATE

21, 1984

IF UNDER LYEAR

INDUSTRY

20h, IF YES, WERE FINDINGS USED

COUNTY

THE DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

P

IF UNDER 24 HRS

The state of the s A.V.C. pentyra . At to ... werke an \$3000 200 reference deposits of the second presents being hardwall. Next 1 120 Acres 190 Abortorom, md. 21 00 . of the statement of the last of the state of the state